



DISPOSITION OF RADIOACTIVE MATERIAL

Radiation Health & Toxic Agents Branch  
Department for Health and Family Services  
275 East Main Street  
Mailstop HS1CA  
Frankfort, KY 40621

1. Licensee Name \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Radioactive Material \_\_\_\_\_ License Number \_\_\_\_\_ 4. Expiration Date \_\_\_\_\_
5. Radioactive Material Disposition (Check Only One.)
  - ☐ A. No radioactive material has been procured and/or processed by the licensee under this license.
  - ☐ B. All radioactive material procured and/or possessed by the licensee has been transferred to the following licensee/supplier:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
License Number \_\_\_\_\_  
Date Transferred \_\_\_\_\_
  - ☐ C. Radioactive material has been disposed of in the following manner. (Describe specific disposal procedures. Use reverse side of form if necessary.)
6. If unsealed sources or a leaking sealed source of radioactive material had been used, submit a copy of a radiation survey conducted to determine whether any contamination remains at location(s) authorized by license.
  - ☐ Survey not required. (Explain.)
  - ☐ Survey report attached.
7. This license is to be terminated. ☐ Yes ☐ No (If no, explain.)
8. Form must be signed and dated by person authorized to act on behalf of licensee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/Printed Name and Title